

HEALTH ASSESSMENT

Estimated delivery date: _____ Multifetal gestation? ☐ No ☐ Yes

Previous pregnancy end: ☐ No previous pregnancy ☐ Date _____

NUTRITION ASSESSMENT

During the assessment interview, probe deeper using open-ended questions: *Tell me more..., Explain more about..., How do you..., What are your thoughts about..., What has your medical provider recommended..., What has your experience been..., What have you heard about... What have you tried..., What has worked for you...*

Health/Medical

I am going to ask you some questions about your health. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. How is your pregnancy going? _____
 Are you having any symptoms like nausea or vomiting?
☐ No
☐ Declined
☐ Yes [301]

2. Tell me about any health or medical concerns you are currently having.
☐ No concerns
☐ Concerns (describe) _____
 [201, 302, 336, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 356, 358, 359, 360, 361, 362, 381, 602]

3. Is this your first pregnancy?
☐ Yes
☐ No Number of pregnancies: _____
☐ Declined

4. *(If first pregnancy, mark no complications and continue to next question)* Tell me about any complications or health problems you have had with any past pregnancies, such as gestational diabetes or high blood pressure.
☐ No complications
☐ Complications

<input type="checkbox"/> 303: Hx Gestational Diabetes	<input type="checkbox"/> 304: Hx of Preeclampsia	<input type="checkbox"/> 311: Hx Preterm Delivery (≤ 37 wks)
<input type="checkbox"/> 312: Hx Low Birth Weight	<input type="checkbox"/> 321: Fetal/Neonatal Loss	<input type="checkbox"/> 337: Hx Birth LGA Infant
<input type="checkbox"/> 339: Hx Birth-Congenital Defect	<input type="checkbox"/> Other: _____ [303, 304, 311, 312, 321, 337, 339]	

5. Have you seen a medical provider for this pregnancy?
☐ No
☐ Declined
☐ Yes Clinic/Provider: _____ Date of first appt _____ Number of appts _____ [334]

6. What medications are you currently taking?
☐ None
☐ List medications: _____ [357]
7. Do you have any dental problems that prevent you from eating some foods?
☐ No
☐ Declined
☐ Yes (describe) _____ [381]

Lifestyle

We ask everyone the following questions. They have to do with health and safety.

1. Do you currently smoke?
☐ No
☐ Declined
☐ Yes # of cigarettes/day: _____ [371]
2. Did you smoke in the 3 months before you were pregnant?
☐ No
☐ Declined
☐ Yes # of cigarettes/day: _____
3. Does anyone living in your house smoke *inside* the home?
☐ No
☐ Declined
☐ Yes [904]
4. Did you drink alcohol in the 3 months before you were pregnant?
☐ No
☐ Declined
☐ Yes # of drinks/week: _____
5. Have you had alcohol since becoming pregnant?
☐ No
☐ Declined
☐ Yes How much do you drink? _____ How often? _____ [372]
6. Have you used street drugs since your pregnancy began?
☐ No
☐ Declined
☐ Yes (describe) _____ [372]
7. What kind of activity or exercise do you like to do on most days?
☐ Bike riding ☐ Dance ☐ Exercise class/gym ☐ Exercise DVD/video ☐ Jog/run
☐ Play outdoors with children ☐ Swim ☐ Walk ☐ Yoga ☐ Declined to answer ☐ Other

Frequency – times per week (opt.) _____ Length of time in minutes (opt.) _____

Nutrition/Health

I am going to ask you some questions about your diet. Then we will come back and address any concerns or questions that you may have. Is that all right with you?

1. Tell me about any changes you have made to your diet since becoming pregnant. Experiencing any cravings?
☐ No changes ☐ Changes (list any reasons to assign NRC 427) _____ [427.02, 427.05]
2. How has your appetite been? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
☐ Other (describe) _____ [427.02]
3. Are you avoiding food for any reason, including food allergies? (If yes) Tell me more.
☐ No
☐ Declined
☐ Yes (describe) _____ [353, 355, 358, 362, 427.02, 902]
4. What foods do you typically eat? _____
_____ [427.02, 427.05, 902]
5. What do you drink most days?
☐ Coffee ☐ Juice ☐ Kool-Aid/punch ☐ Soda: diet ☐ Soda: regular ☐ Sports drinks ☐ Tea ☐ Water
☐ Milk (circle: whole lowfat skim lactose reduced/free goat raw soy) ☐ Other _____ [427.02, 427.05]
6. Do you regularly eat things other than food?
☐ No
☐ Declined
☐ Yes
 ☐ Dirt ☐ Clay ☐ Carpet fibers ☐ Dust ☐ Ashes ☐ Laundry starch
 ☐ Cigarette butts ☐ Paint chips ☐ Other _____ [427.03]
7. Tell me about any vitamins, minerals, herbs or dietary supplements you are taking. (If taking a prenatal vitamin) What type of prenatal vitamin are you taking?
☐ None ☐ General vitamin/mineral supplement
☐ Children's vitamin/mineral supplement ☐ Iodine
☐ Folic acid supplement ☐ Iron
☐ Prenatal vitamin/mineral supplement, herb/dietary supplement or other: _____ [427.01, 427.04]
8. How do you plan to feed your baby?
☐ Breastfeeding ☐ Formula feeding ☐ Combination ☐ Other _____
9. Would you like to learn more about breastfeeding?
☐ No ☐ Declined ☐ Yes. Tell me more: _____ [602]
10. During the last 6 months, have you run out of money to buy food?
☐ No
☐ Declined
☐ Yes (describe) _____ [427.02]
11. Given all we have talked about, what nutrition or health questions do you have today?
☐ No questions/concerns
☐ Questions/concerns

USDA CODE	NUTRITION RISK CRITERIA	USDA CODE	NUTRITION RISK CRITERIA
101	UNDERWEIGHT (WOMEN)	351	INBORN ERRORS OF METABOLISM
111	OVERWEIGHT (WOMEN)	352	INFECTIOUS DISEASES
131	LOW MATERNAL WEIGHT GAIN	353	FOOD ALLERGIES
132	MATERNAL WEIGHT LOSS DURING PREGNANCY	354	CELIAC DISEASE
133	HIGH MATERNAL WEIGHT GAIN	355	LACTOSE INTOLERANCE
201	LOW HEMATOCRIT/LOW HEMOGLOBIN	356	HYPOGLYCEMIA
301	HYPEREMESIS GRAVIDARUM	357	DRUG-NUTRIENT INTERACTIONS
302	GESTATIONAL DIABETES	358	EATING DISORDERS
303	HX OF GESTATIONAL DIABETES	359	RECENT MAJOR SURGERY, TRAUMA, BURNS
304	HX OF PREECLAMPSIA	360	OTHER MEDICAL CONDITIONS
311	HX OF PRETERM DELIVERY	361	DEPRESSION
312	HX OF LOW BIRTH WEIGHT	362	DEVELOPMENTAL, SENSORY, MOTOR DISABILITIES INTERFERING W/ ABILITY TO EAT
321	HX OF SPONTANEOUS ABORTION, FETAL OR NEONATAL LOSS	371	MATERNAL SMOKING
331	PREGNANCY AT A YOUNG AGE	372	ALCOHOL AND ILLEGAL DRUG USE
332	SHORT INTERPREGNANCY INTERVAL	381	ORAL HEALTH CONDITIONS
334	LACK OF OR INADEQUATE PRENATAL CARE	401	FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS
335	MULTIFETAL GESTATION	427	INAPPROPRIATE NUTRITION PRACTICES FOR WOMEN
336	FETAL GROWTH RESTRICTION	427.01	DIETARY SUPPLEMENTS W/ POTENTIALLY HARMFUL CONSEQUENCES
337	HX OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT	427.02	CONSUMING DIET LOW IN CALORIES/NUTRIENTS
338	PREGNANT WOMAN CURRENTLY BREASTFEEDING	427.03	COMPULSIVELY INGESTING NON-FOOD ITEMS (PICA)
339	HX OF BIRTH W/ NUTRITION RELATED CONGENITAL/BIRTH DEFECT	427.04	INADEQUATE VITAMIN/MINERAL SUPPLEMENTATION
341	NUTRIENT DEFICIENCY DISEASES	427.05	INGESTING FOODS THAT COULD BE CONTAMINATED
342	GASTRO-INTESTINAL DISORDERS	502	TRANSFER OF CERTIFICATION
343	DIABETES MELLITUS	601	BREASTFEEDING MOTHER OF INFANT AT NUTRITIONAL RISK
344	THYROID DISORDERS	602	BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS
345	HYPERTENSION (INCL CHRONIC/PREGNANCY INDUCED)	801	HOMELESSNESS
346	RENAL DISEASE	802	MIGRANCY
347	CANCER	902	LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD
348	CENTRAL NERVOUS SYSTEM DISORDERS	903	FOSTER CARE
349	GENETIC AND CONGENITAL DISORDERS	4 904	EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE